


| AMENDMENT TRANSMITTAL LETTER (Large Entity)  |                                     |                             |                                |                        | Docket No.               |  |
|--|-------------------------------------|-----------------------------|--------------------------------|------------------------|--------------------------|--|
| Applicant(s): KANGGUO CHENG ET AL.   |                                     |                             |                                |                        | VIS920030163US1          |  |
| Application No.<br>10/604,565  | Filing Date<br>07/30/2003           | Examiner<br>T. LE           | Customer No.<br>29371          | Group Art Unit<br>2818 | Confirmation No.<br>1565 |  |
| Invention: METHOD AND STRUCTURE FOR VERTICAL DRAM DEVICES WITH SELF-ALIGNED UPPER  |                                     |                             |                                |                        |                          |  |
| <b>COMMISSIONER FOR PATENTS:</b>   |                                     |                             |                                |                        |                          |  |
| Transmitted herewith is an amendment in the above-identified application.  |                                     |                             |                                |                        |                          |  |
| The fee has been calculated and is transmitted as shown below.   |                                     |                             |                                |                        |                          |  |
| <b>CLAIMS AS AMENDED</b>   |                                     |                             |                                |                        |                          |  |
|  | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR | NUMBER EXTRA<br>CLAIMS PRESENT | RATE                   | ADDITIONAL<br>FEE        |  |
| TOTAL CLAIMS   | 27 -                                | 25 =                        | 2                              | x \$18.00              | \$38.00                  |  |
| INDEP. CLAIMS  | 3 -                                 | 3 =                         | 0                              | x \$86.00              | \$0.00                   |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                     |                             |                                |                        | \$0.00                   |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>   |                                     |                             |                                |                        | <b>\$38.00</b>           |  |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.   |                                     |                             |                                |                        |                          |  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  |                                     |                             |                                |                        |                          |  |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.   |                                     |                             |                                |                        |                          |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458  |                                     |                             |                                |                        |                          |  |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.18.  |                                     |                             |                                |                        |                          |  |
| <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.   |                                     |                             |                                |                        |                          |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038.  |                                     |                             |                                |                        |                          |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |                                     |                             |                                |                        |                          |  |
| <div style="display: flex; justify-content: space-between;"><div><br/>Signature</div><div>Dated: December 30, 2004</div></div>  |                                     |                             |                                |                        |                          |  |
| <div style="display: flex; justify-content: space-between;"><div>Sean F. Sullivan<br/>Reg. No. 38,328<br/>Cantor Colburn LLP<br/>55 Griffin Road South<br/>Bloomfield, CT 06002<br/>860-286-2929</div><div style="border: 1px solid black; padding: 5px; width: 350px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____<br/>Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____<br/>Typed or Printed Name of Person Mailing Correspondence</p></div></div> |                                     |                             |                                |                        |                          |  |
| cc:  |                                     |                             |                                |                        |                          |  |

P11LARGE/REV08

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Docket Number

10604565

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

| FOR   | NUMBER FILED | NUMBER EXTRA |
|---|--------------|--------------|
| BASIC FEE<br>(37 CFR 1.16(a))                     |              |              |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                  | minus 20 =   | *            |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))            | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |              |              |

| RATE         | FEE      |
|--------------|----------|
|              | \$ _____ |
| X \$ _____ = |          |
| X \$ _____ = |          |
| + \$ _____ = |          |
| TOTAL        |          |

OR

| RATE         | FEE      |
|--------------|----------|
|              | \$ _____ |
| X \$ _____ = |          |
| X \$ _____ = |          |
| + \$ _____ = |          |
| TOTAL        |          |

\* If the difference in column 1 is less than zero, enter "0" in column 2.

*after-  
final and* **CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
| Total<br>(37 CFR 1.16(c))                                       | * 27                                      | Minus | ** 25                                       | = 2              |
| Independent<br>(37 CFR 1.16(b))                                 | * 3                                       | Minus | *** 3                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |   |       |   |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X \$ _____ =       |                        |
| X \$ _____ =       |                        |
| + \$ _____ =       |                        |
| TOTAL<br>ADD'L FEE |                        |

OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X \$ _____ =       |                        |
| X \$ _____ =       |                        |
| + \$ _____ =       |                        |
| TOTAL<br>ADD'L FEE |                        |

| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
| Total<br>(37 CFR 1.16(c))                                       | *   | Minus | **  | =                |
| Independent<br>(37 CFR 1.16(b))                                 | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |   |       |   |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X \$ _____ =       |                        |
| X \$ _____ =       |                        |
| + \$ _____ =       |                        |
| TOTAL<br>ADD'L FEE |                        |

OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X \$ _____ =       |                        |
| X \$ _____ =       |                        |
| + \$ _____ =       |                        |
| TOTAL<br>ADD'L FEE |                        |

| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
| Total<br>(37 CFR 1.16(c))                                       | *   | Minus | **  | =                |
| Independent<br>(37 CFR 1.16(b))                                 | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |   |       |   |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X \$ _____ =       |                        |
| X \$ _____ =       |                        |
| + \$ _____ =       |                        |
| TOTAL<br>ADD'L FEE |                        |

OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X \$ _____ =       |                        |
| X \$ _____ =       |                        |
| + \$ _____ =       |                        |
| TOTAL<br>ADD'L FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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